Exhibit B

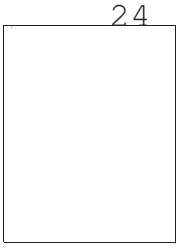
IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

B.P., A MINOR, BY DAWN FRAGNOLI INDIVIDUALLY AS PARENT AND NEXT FRIEND Plaintiffs,	Case No. 13-cv-324-SCW
J.B., A MINOR, BY LINDA LEJEUNE INDIVIDUALLY AS LEGAL CUSTODIAN AND NEXT FRIEND, Plaintiffs,	Case No. 13-cv-326-SCW
VS.	
ABBOTT LABORATORIES, INC., Defendant.	
AND OTHER RELATED ACTIONS	

-C O N F I D E N T I A L -

SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

VIDEOTAPED DEPOSITION OF JAMES STECK, taken pursuant to Federal Rules of Civil Procedure 26 and 30, by and before Dutcheen O. Cameron, RPR and Notary Public in and for the Commonwealth of Pennsylvania, at the Hyatt Regency Hotel, Foerster Boardroom, 1111 Airport Boulevard, Pittsburgh, Pennsylvania, on Friday, February 14, 2014, at 8:41 a.m.



earlier Exhibit 433, which is the PDR continuing the label for Depakene. Do you have that in front of you? Is that Depakene or Depakote? Depakene.

A. Looking for it. There it is.

Q. All right. And in regard to the statement that anti-epileptic drugs should not be discontinued in patients in whom the drug is administered to prevent major seizures because of the strong possibility of precipitating status epilepticus with a attendant hypoxia and threat to life.

By this language did Abbott intend to convey that Depakote should be used for tonic-clonic seizures?

A. I don't believe that that was the intention.

Q. Are you aware of any mechanism by which absence seizures could cause hypoxia and threat to life of a fetus?

A. Again, I'm not knowledgeable enough to say whether it would or would not. I would just go back to this statement that says it cannot be said with any confidence that even minor seizures do not pose some hazard to the developing embryo or fetus.

Q. All right. So a minor absence seizure could cause a hazard to the fetus?

A. I guess what this statement is saying is it's -- it wasn't known whether or not that's a possibility.

Q. Okay. And so, sir, Abbott was aware at the time that it was continuing to represent in its label that even a small seizure could cause damage to the fetus that any suggestion that the product had been approved for tonic-clonic would be in direct conflict with the letter that the firm had received denying approval for that indication; isn't that true?

MS. HARDWAY: Object to form --

A. Is your question --

MS. HARDWAY: -- outside the scope.

A. -- whether that statement would suggest that Abbott felt that the product was effective in tonic-clonic seizures?

BY MS. ABARAY:

Q. Yes. My question is was Abbott continuing to imply in its product labeling that the drug could be used for tonic-clonic when, in fact, they had been specifically warned and told by

the FDA that it had no such approval?

MS. HARDWAY: Object to form.

A. Well, I guess for one thing, this is a 1985 label, and that letter -- the warning letter was -- was it 1988?

BY MS. ABARAY:

Q. We have lots of labels if you want a different year.

A. No, I get your point. Okay. But just to go back to the question, I don't think that this statement necessarily implies that Abbott was suggesting that the product was approved for or indicated for tonic-clonic seizures. I think this is more or less a boilerplate statement. The one thing I will say is that in addition to being approved for tonic -- for absence seizures, the approved indication said that Depakene was approved as adjunctive therapy for multiple seizure types that include absence. So possibly that statement would be in there as a precaution to say, you know, discontinuing drugs for patients who had seizures that could lead to status epilepticus shouldn't be abruptly -- or shouldn't be discontinued from their treatment.

Q. So if the intention was to suggest that Depakote or Depakene could be used for tonic-clonic, that would have been incorrect?

MS. HARDWAY: Object to form.

A. Yes, I don't know -- I don't believe that that was the intention, but yes, in answer to your -- the question you asked.

BY MS. ABARAY:

Q. All right. Now, do -- do you have like a 2000 label or I don't --

MS. HARDWAY: You had it.

MS. ABARAY: Did I grab it? I'm sorry, they're getting away from me. Here we go.

* * *

(Whereupon, Deposition Exhibit No. 441 was marked for identification.)

* * *

BY MS. ABARAY:

Q. Sir, I'm going to hand you the label that we copied from the PDR in 2000. And we marked this has Exhibit 441?

A. Okay.

Q. And I just picked this in general because this is a label that has at the end what's

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now called the patient information leaflet?
A. Yes.
Q. And that would be the information that was drafted to provide consumers with information about teratogenicity so that the women taking the drug would have some communication about the risk; is that right?
A. Yes. When you say consumers, I'm not sure what you mean. This was directed to patients who were using Depakote for treatment of migraine.
Q. Right. And this was the information that Abbott was having distributed through doctors rather than having it prepared as a patient package insert for patients?
A. Yes.
Q. And so it's called at the top here patient information leaflet. In fact, what we have, it's a continuation of the product labeling, for instance, that would be in the PDR.
A. Yes, but there were separate leaflets that were provided to physicians for their use and in discussing the information with patients and the patient would be given that copy of that leaflet.
Q. Did you ever see the leaflets?

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A. Yes, I did.
Q. And what did they look like?
A. Well, they were in pads and, you know, in -- in a font size that could be easily read and -- so a pad would contain a number of copies of the leaflet which the physician could tear off and give to a patient.
Q. And by what means did Abbott distribute these leaflets to physicians?
A. They were distributed through the sales force.
Q. And did you as the director of regulatory ever determine how effective this distribution of leaflets was to the physicians?
MS. HARDWAY: Object to form.
A. I personally did not. I mean, that was, again, a responsibility of another department. They were made aware and they were given clear direction as to what our commitment to FDA was.
BY MS. ABARAY:
Q. Did you ever hear of a doctor calling to ask for more leaflets?
MS. HARDWAY: Object to form, calls for speculation.

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MS. ABARAY: No, it doesn't. He either heard it or he didn't hear it.
A. I didn't hear. And, you know, I -- there would be no reason that I would hear, actually.
BY MS. ABARAY:
Q. Did you ever -- were you ever informed that the company had run out of leaflets and needed to print new leaflets?
A. No.
Q. Did you ever have a patient contact the company and say I got this information in this leaflet, I want to talk to you about it?
A. I wouldn't have received that type of call, but I don't know whether that happened or not.
Q. Did the company ever conduct any type of a survey to determine the effectiveness of the distribution of leaflets to physicians as a means of communicating risk to patients?
MS. HARDWAY: Object to form.
A. Not as far as I'm aware.
BY MS. ABARAY:
Q. And you never, as a director of

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regulatory, suggested that such a survey be conducted?
MS. HARDWAY: Object to form.
A. No, I did not.
BY MS. ABARAY:
Q. Have you ever reviewed any published literature on the effectiveness of the warning label for teratogenicity in Depakote?
MS. HARDWAY: Object to form.
A. Published literature specifically about the effectiveness of the Depakote warning letter, no.
BY MS. ABARAY:
Q. For instance, is there any published literature that describes the knowledge base that physicians have about the teratogenicity of Depakote as reflected in the label?
A. I don't know whether there is or is not.
Q. Did you ever require that Abbott -- or strike that.
Did you as the director of regulatory affairs ever take action to send a dear doctor letter to physicians to inform them about the